

EXHIBIT 1 TO NOTICE OF REMOVAL

State Court Documents Served on the Plan



**Service of Process
Transmittal**

04/03/2014

CT Log Number 524701521

TO: Kim Lundy Service of Process, Legal Support Supervisor
Wal-Mart Stores, Inc.
702 SW 8th Street, MS 0215
Bentonville, AR 72716-0215

RE: Process Served in Delaware

FOR: Wal-Mart Stores, Inc. (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: Future Care Consultants, L.L.C., etc., Pltf. vs. Aetna Life Insurance Company and Wal-Mart Stores, Inc., etc., Dfts.

DOCUMENT(S) SERVED: Summonses, Information Statement(s), Amended Complaint(s), Certification(s), Exhibit(s)

COURT/AGENCY: Camden County Superior Court - Law Division, NJ
Case # CAML00293513

NATURE OF ACTION: Summons and Complaint - Defendant failed and refused to pay plaintiff's bill for the necessary medical services rendered

ON WHOM PROCESS WAS SERVED: The Corporation Trust Company, Wilmington, DE

DATE AND HOUR OF SERVICE: By Process Server on 04/03/2014 at 15:00

JURISDICTION SERVED : Delaware

APPEARANCE OR ANSWER DUE: Within 35 days from the date you received the summons, not counting the date of receipt

ATTORNEY(S) / SENDER(S): Richard J. Kozel
1200 Route 46 West
Clifton, NJ 07013
973-778-9800

ACTION ITEMS: CT has retained the current log, Retain Date: 04/03/2014, Expected Purge Date: 04/08/2014
Image SOP
Email Notification, Candiss Golaszweski-CT East
CLS-VerificationEast@wolterskluwer.com
Email Notification, Kim Lundy Service of Process ctlawsuits@walmartlegal.com

SIGNED: The Corporation Trust Company
PER: Gretchen McDougal
ADDRESS: 1209 Orange Street
Wilmington, DE 19801
TELEPHONE: 302-658-7581

04/02/2014 12:03

(FAX) 9737797062

P.002/047

SUMMONS

Attorney(s) Richard L. Kozel, Esq. #027991977
 Office Address 1200 Route 46 West, Suite 130
 Town, State, Zip Code Clifton, New Jersey 07013

Telephone Number (973) 778-9800

Attorney(s) for Plaintiff _____

Future Care Consultants, L.L.C. as fiscal agent for
Silver Care Center
 Plaintiff(s)

Vs.

Aetna Life Insurance Company, Wal-Mart Stores, Inc. d/b/a
Walmart
 Defendant(s)

**Superior Court of
New Jersey**

CAMDEN COUNTY
LAW DIVISION

Docket No: CAM-L-002935-13

**CIVIL ACTION
SUMMONS**

From The State of New Jersey To The Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at http://www.judiciary.state.nj.us/prose/10153_deptyclerklawref.pdf.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$135.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at http://www.judiciary.state.nj.us/prose/10153_deptyclerklawref.pdf.

s/Michelle M. Smith
 Clerk of the Superior Court

DATED: 04/01/2014

Name of Defendant to Be Served: Wal-mart Stores, Inc. d/b/a Walmart




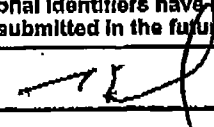
Address of Defendant to Be Served: Corporation Trust Company, 1209 Orange Street, Wilmington, DE 19801

04/02/2014 12:04

(FAX)9737797062

P.003/047

Appendix XII-B1

	CIVIL CASE INFORMATION STATEMENT (CIS) Use for Initial Law Division Civil Part pleadings (not motions) under <i>Rule 4:5-1</i> Pleading will be rejected for filing, under <i>Rule 1:5-6(c)</i>, if information above the black bar is not completed or attorney's signature is not affixed		FOR USE BY CLERK'S OFFICE ONLY	
			PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CC <input type="checkbox"/> CA	
			CHG/CK NO.	
			AMOUNT:	
			OVERPAYMENT:	
		BATCH NUMBER:		
ATTORNEY / PRO SE NAME Richard J. Kozel, Esq. #027991977		TELEPHONE NUMBER (973) 778-9800		COUNTY OF VENUE Camden 
FIRM NAME (if applicable)		DOCKET NUMBER (when available) CAM-L-002935-13		
OFFICE ADDRESS 1200 Route 46 West, Suite 130 Clifton, New Jersey 07013		DOCUMENT TYPE Amended Complaint		
		JURY DEMAND <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NAME OF PARTY (e.g., John Doe, Plaintiff) Future Care Consultants, L.L.C., as fiscal agent for Silver Care Center, Plaintiff		CAPTION Future Care Consultants, L.L.C. as fiscal agent for Silver Care Center v. Aetna Life Insurance Company and Wal-mart Stores, Inc. d/b/a Walmart		
CASE TYPE NUMBER (See reverse side for listing) 502	HURRICANE SANDY RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53 A -27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.		
RELATED CASES PENDING? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF YES, LIST DOCKET NUMBERS		
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY (if known) <input type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN		
THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.				
CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION				
DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, IS THAT RELATIONSHIP: <input type="checkbox"/> EMPLOYER/EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FAMILIAL <input checked="" type="checkbox"/> BUSINESS		
DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION				
 DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION		
WILL AN INTERPRETER BE NEEDED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF YES, FOR WHAT LANGUAGE?		
I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with <i>Rule 1:38-7(b)</i> .				
ATTORNEY SIGNATURE: 				

04/02/2014 12:04

(FAX)9737797062

P.004/047

Side 2



CIVIL CASE INFORMATION STATEMENT (CIS)

Use for Initial pleadings (not motions) under Rule 4:5-1

CASE TYPES (Choose one and enter number of case type in appropriate space on the reverse side.)

Track I - 150 days' discovery

- 151 NAME CHANGE
- 175 FORFEITURE
- 302 TENANCY
- 388 REAL PROPERTY (other than Tenancy, Contract, Condemnation, Complex Commercial or Construction)
- 602 BOOK ACCOUNT (debt collection matters only)
- 605 OTHER INSURANCE CLAIM (including declaratory judgment actions)
- 608 PIP COVERAGE
- 610 UM or UIM CLAIM (coverage issues only)
- 611 ACTION ON NEGOTIABLE INSTRUMENT
- 612 LEMON LAW
- 801 SUMMARY ACTION
- 802 OPEN PUBLIC RECORDS ACT (summary action)
- 999 OTHER (briefly describe nature of action)

Track II - 300 days' discovery

- 305 CONSTRUCTION
- 508 EMPLOYMENT (other than CEPA or LAD)
- 599 CONTRACT/COMMERCIAL TRANSACTION
- 603N AUTO NEGLIGENCE - PERSONAL INJURY (non-verbal threshold)
- 603Y AUTO NEGLIGENCE - PERSONAL INJURY (verbal threshold)
- 605 PERSONAL INJURY
- 610 AUTO NEGLIGENCE - PROPERTY DAMAGE
- 621 UM or UIM CLAIM (includes bodily injury)
- 699 TORT - OTHER

Track III - 450 days' discovery

- 005 CIVIL RIGHTS
- 301 CONDEMNATION
- 602 ASSAULT AND BATTERY
- 604 MEDICAL MALPRACTICE
- 606 PRODUCT LIABILITY
- 607 PROFESSIONAL MALPRACTICE
- 608 TOXIC TORT
- 609 DEFAMATION
- 616 WHISTLEBLOWER / CONSCIENTIOUS EMPLOYEE PROTECTION ACT (CEPA) CASES
- 617 INVERSE CONDEMNATION
- 618 LAW AGAINST DISCRIMINATION (LAD) CASES

Track IV - Active Case Management by Individual Judge / 450 days' discovery

- 156 ENVIRONMENTAL/ENVIRONMENTAL COVERAGE LITIGATION
- 303 MT. LAUREL
- 508 COMPLEX COMMERCIAL
- 513 COMPLEX CONSTRUCTION
- 614 INSURANCE FRAUD
- 620 FALSE CLAIMS ACT
- 701 ACTIONS IN LIEU OF PREROGATIVE WRITS

Multicounty Litigation (Track IV)

- | | |
|--|---|
| 266 HORMONE REPLACEMENT THERAPY (HRT) | 288 PRUDENTIAL TORT LITIGATION |
| 271 ACCUTANE/ISOTRETINOIN | 289 REGLAN |
| 274 RISPERDAL/SEROQUEL/ZYPREXA | 290 POMPTON LAKES ENVIRONMENTAL LITIGATION |
| 278 ZOMETAVAREDA | 291 PELVIC MESH/GYNECARE |
| 279 GADOLINIUM | 292 PELVIC MESH/BARD |
| 281 BRISTOL-MYERS SQUIBB ENVIRONMENTAL | 293 DEPUY ASR HIP IMPLANT LITIGATION |
| 282 FOSAMAX | 295 ALLODERM REGENERATIVE TISSUE MATRIX |
| 284 NUVARING | 296 STRYKER REJUVENATE/ABG II MODULAR HIP STEM COMPONENTS |
| 285 STRYKER TRIDENT HIP IMPLANTS | 297 MIRENA CONTRACEPTIVE DEVICE |
| 288 LEVAQUIN | 601 ASBESTOS |
| 287 YAZ/YASMIN/OCELLA | 623 PROPECIA |

If you believe this case requires a track other than that provided above, please indicate the reason on Side 1, in the space under "Case Characteristics."

Please check off each applicable category

☐ Putative Class Action

☐ Title 59

04/02/2014 12:04

(FAX) 973 779 7062

P.005/047

Our File No.: 2912EW

Richard J. Kozel, Esq. #027991977
1200 Route 46 West
Clifton, New Jersey 07013
Tel. (973) 778-9800
Fax (973) 779-7062
Attorney for Plaintiff

Plaintiff(s)

FUTURE CARE CONSULTANTS,
L.L.C. as fiscal agent for SILVER
CARE CENTER

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: CAMDEN COUNTY

-vs-

DOCKET NO.: CAM-L-002935-13
Civil Action

Defendant(s)

AETNA LIFE INSURANCE COMPANY
WAL-MART STORES, INC. d/b/a
WALMART

AMENDED
COMPLAINT, CERTIFICATION and
CIVIL CASE INFORMATION STATEMENT

Plaintiff, Future Care Consultants, L.L.C. being located at 170 53rd Street in Brooklyn,
New York by way of Amended Complaint states:

FIRST COUNT

1. At all times hereinafter mentioned plaintiff is the duly designated fiscal agent for the Silver Care Center and is located at 170 53rd Street in Brooklyn, New York.

2. At all times hereinafter mentioned the Silver Care Center is a duly licensed health care facility of the State of New Jersey and is located at 1417 Brace Road in the Township of Cherry Hill, County of Camden, and State of New Jersey.

3. At all times hereinafter mentioned defendant is a duly licensed health insurance provider authorized to do business in New Jersey and is located at 151 Farmington Avenue in Hartford, Connecticut 06101.

4. On March 27, 2013 Eulata Walls was employed by Walmart and insured by the defendant under membership i.d. number: W195745366 and employer account number:

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P.006/047

895530-10-101.

5. The Silver Care Center was an authorized provider of services for the defendant and had access to the policy registration list maintained by the defendant.

6. As required by the terms of the policy, plaintiff obtained three (3) separate authorizations from defendant dated March 26, 2013, April 2, 2013 and April 10, 2013 pre-authorizing twenty one (21) days of inpatient skilled nursing care for Eulata Walls. Copies of these authorizations are attached hereto as Exhibit "A".

7. The Silver Care Center relied on these authorizations to accept Eulata Walls as a patient commencing March 27, 2013.

8. At the specific instance and request of Eulata Walls, the Silver Care Center duly rendered all necessary and required medical care and treatment to her which was accepted without protest.

9. Thereafter, plaintiff duly submitted its bills for the necessary and pre-authorized medical care and treatment of Eulata Walls to the defendant.

10. Defendant then advised plaintiff that after all treatment was received and completed, that Walmart had cancelled the underlying policy and retroactively disenrolled Eulata Walls.

11. Despite having pre-authorized twenty one (21) days of skilled nursing care and treatment which was duly provided by the Silver Care Center, defendant is now failed and refused to pay plaintiff's bill for the necessary medical services rendered.

12. Plaintiff is now owed the sum of \$16,000.00 for the pre-authorized and necessary medical care and treatment rendered to Eulata Walls. A copy of the billing invoice is attached hereto as Exhibit "B".

13. Defendant is not entitled to any further credits or set offs as against the amount due plaintiff.

14. Plaintiff has demanded that defendant pay to it the sum of \$16,000.00 but, to date,

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P.007/047

defendant has failed and refused to do so.

WHEREFORE, plaintiff demands judgment against the defendant for:

- A. \$16,000.00 together with lawful interest.
- B. Costs of suit and filing fees.
- C. Such other and further relief as may be just.

SECOND COUNT

1. Plaintiff repeats and re-alleges the allegations contained in the First Count of this Amended Complaint as though set forth in full hereunder.

2. At all times hereinafter mentioned Wal-Mart Stores, Inc., d/b/a Walmart is authorized to do business in the State of New Jersey.

3. At all times hereinafter mentioned defendant, Wal-Mart Stores, Inc., d/b/a Walmart, employed Eulata Walls and made its health benefits plan available to her under membership id number W195745366 and employee account number 895530-10-101.

4. The Silver Care Center obtained pre-authorization for treatment for Eulata Walls in accordance with the allegations contained in the First Count of this Amended Complaint.

5. At no time was plaintiff ever informed by either defendant that Walmart maintained a self funded health insurance plan. All authorizations for treatment and all payments were provided directly from defendant, Aetna Life Insurance Company, to the Silver Care Center.

6. The Silver Care Center relied upon the pre-authorized approvals issued by defendant, Aetna Life Insurance Company to rendered all necessary and required medical care and treatment to Eulata Walls, which was accepted without protest.

7. The Silver Care Center was thereafter advised that Eulata Walls was retroactively disenrolled from coverage and that a refund of all payments was to be taken back.

8. The Silver Care Center was a third party beneficiary of the coverage issued to Eulata Walls and was entitled to fully rely upon the pre-authorization letters issued. Defendant, Wal-Mart Stores, Inc., d/b/a Walmart, knew or should have known that the Silver Care Center was

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(FAX)9737797062

P.008/047

relying on the issued pre-authorizations for treatment to its detriment.

9. By the time the Silver Care Center was advised of the dis-enrollment, all necessary medical care and treatment had been rendered to Eulata Walls in accordance with the pre-authorizations.

10. The Silver Care Center is now due the sum of \$16,000.00 for the necessary care and treatment rendered to Eulata Walls.


11. Defendants are not entitled to any further credits or set offs as against the amount due plaintiff.

12. Plaintiff has demanded that defendants pay to it the sum of \$16,000.00 but, to date, defendants have failed and refused to do so.

WHEREFORE, plaintiff demands judgment against the defendants, both individually and jointly, for:

- A. \$16,000.00 together with lawful interest.
- B. Costs of suit and filing fees.
- C. Such other and further relief as may be just.

Dated: April 1, 2014



Richard J. Kozel,
Attorney for Plaintiff

1. This matter is not the subject of any other lawsuit or arbitration proceeding, nor is one contemplated.

2. There are no other parties to be joined in this action unless same are disclosed through subsequent discovery.

Dated: April 1, 2014



Richard J. Kozel,
Attorney for Plaintiff

04/02/2014 12:05

(FAX)9737797062

P.009/047

CERTIFICATION PURSUANT TO RULE 1:38-7(b)

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).

Dated: April 1, 2014



Richard J. Kozel,
Attorney for Plaintiff

• 04/02/2014 12:05

(FAX)9737797062

P.010/047

EXHIBIT "A"

P.011/047

aetna

'8085 K' JIVCTRE 016485

03/25/2013

SILVER CARE CENTER, BLBNAA595162
Page 1 of 2

P.012/047

(FAX)973/797062

04/02/2014 12:05

Wells, Ewells (72785) Medicine Document 5 Page 1 of 1 Scan: 05/19/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Bean

1423 Union Square Road
P.O. Box 220
Bryn Mawr, PA 19002
610.527.1111 ext. 5150

aetna

*****AUTOMATIC B-DIGIT DAD
2448 3 AT D-384
SILVER CARE CENTER
1417 BRACE ROAD
CHERRY HILL NJ 08034-3524

03/28/2013

Member Name: BULATA WALLS
Admission Date: 03/27/2013
Date of Birth: 06/14/1959
Reference Number: 1396-6367-0000-0000
Employer Name: WALMART
Employer Account Number: 893530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Milliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/np_menu.html), to support these coverage decisions.

Coverage Decision For: A0428 AMBULANCE SERVICE, BASIC LTR SUPPORT, NON-EMERGENCY TRANSPORT, (BL5)
1 Time(s)
Coverage for this service has been approved subject to the requirements in this letter.

Coverage Decision For: 03/27/2013-04/02/2013 7 Day(s) Skilled Nursing
Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:
The next review date for this commitment will be 04/03/2013.

Summary of Covered Hospital Days:
Admission Date: 03/27/2013
Previous Days Covered: 7
Additional Days Covered: 0
Total Days Covered: 7

Summary of Covered Services:
Previous Services Covered: 1
Total Services Covered: 1

SILVER CARE CENTER, BL5MA555162
Page 1 of 2

04/02/2014 12:06

(FAX)9737797062

P.014/047

Walls, Eulata (72765) Medicare Document: 7 Page: 1 of 1 Scan: 08/30/2013 Print: 07/12/2013 CHAVY K. SILVER Printed from MedFORCE Scan

aetnaAetna Health Insurance Company
1425 Union Deposit Road
P.O. Box 220
Cherry Hill, PA 19022

*000145711V000782*014880*

 *****AUTO**SCH B-DIGIT DBD
 9823 1 AT D.384
 ATTENTION TO: UR DEPARTMENT
 SILVER CARE CENTER
 1417 BRACE ROAD
 CHERRY HILL NJ 08034-3524

04/10/2013

Member Name: EULATA WALLS
 Admission Date: 03/27/2013
 Date of Birth: 06/14/1959
 Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
 Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Hilliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_main.html), to support these coverage decisions.

Coverage Decision For:

04/10/2013-04/16/2013 7 Day(s) Skilled Nursing

Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:

The next review date for this confinement will be 04/17/2013.

Summary of Covered Hospital Days:

Admission Date:	03/27/2013
Previous Days Covered:	14
Additional Days Covered:	7
Total Days Covered:	21

Summary of Covered Services:

Previous Services Covered:	1
Total Services Covered:	1

SILVER CARE CENTER, BLBNAA595162

Page 1 of 2

04/02/2014 12:06

(FAX)9737797062

P.015/047

EXHIBIT "B"

P.016/047

SILVER CARE CENTER 1417 BRACE ROAD CHERRY HILL NJ 080343524						BAC 03681NCS00030960 00030050 SPRINTING 20-8719892032713 033113					
WALLS, EULATA 1417 BRACE RD CHERRY HILL, NJ 08034											
06141959 F 032713 00 3 4						30					
70 032013 032713											
WALLS, EULATA 1417 BRACE RD CHERRY HILL, NJ 08034						80 5100					
QTY IN QTY OUT											
SUBCUT LEVEL IV						850.00 032713					
						4250.00					
0001 PAGE 1 OF 1						CREATION DATE 040413 TOTALS 4250.00 0.00					
AETNA 60054 Y Y						4250.00					
WALLS, EULATA 18 W196745366						AETNA					
13966367											
2859											
2859											
1467438259 LGD26037											
LAST S CENARTZ POST ANDREW											
LAST T 7 PM COI											
LAST TRIP											
LAST FIRST											
LAST PHOT											

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P.017/047

Walls, Eulata (72768) Medicare Document: 2 Page 1 of 1 Scan: 08/13/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

SILVER CARE CENTER		1417 BRACE ROAD		CHERRY HILL NJ 080343524		9999999999		03681NCS00030990		00030990		0214	
WALLS, EULATA		CHERRY HILL		NJ 08034		20-8719892		040113		041313			
10 BIRTHDATE		11 SEX		12 SSN		13 ENTRY		14 ENTRY		15 ENTRY		16 ENTRY	
06141959		F		032713		003		4		00		02	
70		032013		032713									
WALLS, EULATA		1417 BRACE RD		CHERRY HILL, NJ 08034									
0194		SUBACUTE/LEVEL IV		850.00		040113		12		10200:00			
0001		PAGE 1 OF 1		CREATION DATE		043013		TOTALS		10200:00		0:00	
ABTNA		60054		Y		Y		10200:00		1386861276			
WALLS, EULATA		18		W196745366		ABTNA							
13966367													
2859													
2859													
1467438259		1GD26037		SCHWARTZ		ANDREW							
ABTNA		333140000000											

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P.018/047

Walls, Eulata (72755) Medicare Document 8 Page 1 of 1 Scan: 06/20/2013 Print: 07/12/2013 CHAVY K. SILVER Printed from MedFORCE Scan

aetna

Aetna Life Insurance Company
 P.O. Box 220
 Blue Bell, PA 19422
 "YOUR LIFE. YOUR CHOICE."

 *****AUTO**SCH 3-DIGIT 000
 3HEE 3 AT 0.384
 ATTENTION TO: UR DEPARTMENT
 SILVER CARE CENTER
 1417 BRACE ROAD
 CHERRY HILL NJ 08034-3524

03/26/2013

Member Name: EULATA WALLS
 Admission Date:
 Date of Birth: 06/14/1959
 Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
 Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Milliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_main.html), to support these coverage decisions.

Coverage Decision For:
 03/26/2013-03/26/2013 A0426 AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)
 1 Time(s)
 Coverage for this service has been approved subject to the requirements in this letter.

Coverage Decision For:
 03/26/2013-04/01/2013 7 Day(s) Skilled Nursing
 Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:
 The next review date for this confinement will be 04/02/2013.

Summary of Covered Hospital Days:
 Admission Date:
 Previous Days Covered: 0
 Additional Days Covered: 7
 Total Days Covered: 7

Summary of Covered Services:
 Previous Services Covered: 0
 Total Services Covered: 1

SILVER CARE CENTER, BLBNAA595162
 Page 1 of 2

04/02/2014 12:07

(FAX) 9737797062

P.019/047

Walls, Eulata (72785) Medicare Document: 5 Page 1 of 1 Scan: 03/13/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

aetna1425 Oakton Mall Road
P.O. Box 720
Elkton, PA 19723

000711-11VCCXTR-013000

*****AUTOMATED 3-DIGIT 080

EURE 1 AT 0-384 11

SILVER CARE CENTER
1417 BRACE ROAD
CHERRY HILL NJ 08034-3524

03/28/2013

Member Name: EULATA WALLS
 Admission Date: 03/27/2013
 Date of Birth: 06/14/1939
 Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
 Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Milliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_main.html), to support these coverage decisions.

Coverage Decision For:
 03/27/2013-03/27/2013 A0428 AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)
 1 Time(s)

Coverage for this service has been approved subject to the requirements in this letter.

Coverage Decision For:
 03/27/2013-04/02/2013 7 Day(s) Skilled Nursing
 Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:
 The next review date for this confinement will be 04/03/2013.

Summary of Covered Hospital Days:
 Admission Date: 03/27/2013
 Previous Days Covered: 7
 Additional Days Covered: 0
 Total Days Covered: 7

Summary of Covered Services:
 Previous Services Covered: 1
 Total Services Covered: 1

SILVER CARE CENTER, BLBNAA595162
 Page 1 of 2

04/02/2014 12:07

(FAX)9737797062

P.020/047

Walls, Eulata (72766) Medicare Document 8 Page 1 of 1 Scan: 05/30/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

aetnaAetna Life Insurance Company
1715 Union Deposit Road
P.O. Box 210
Elmhurst, PA 19022

*00002711VCH712*015001*

*****AUTO**SCH B-DIGIT DAD*****

ATTENTION TO: UR DEPARMTENT

SILVER CARE CENTER

1417 BRACE ROAD

CHERRY HILL NJ 08034-3524

04/02/2013

Member Name: EULATA WALLS
 Admission Date: 03/27/2013
 Date of Birth: 06/14/1959
 Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
 Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Milliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_main.html), to support these coverage decisions.

Coverage Decision For:

04/03/2013-04/09/2013 7 Day(s) Skilled Nursing

Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:

The next review date for this confinement will be 04/10/2013.

Summary of Covered Hospital Days:

Admission Date: 03/27/2013
 Previous Days Covered: 7
 Additional Days Covered: 7
 Total Days Covered: 14

Summary of Covered Services:

Previous Services Covered: 1
 Total Services Covered: 1

SILVER CARE CENTER, BLBNAA595162

Page 1 of 2

04/02/2014 12:08

(FAX)9737797062

P.021/047

Walls, Eulata (72785) Medicare Document 7 Page 1 of 1 Scan: 05/30/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

aetnaAetna Medicare Contract
1425 Union Deposit Road
P.O. Box 120
Blue Bell, PA 19422
009143 JVDCXTR8-014880

*****AUTO**SCH B-DIGIT DAD
7825 1 AT D-BAG
ATTENTION TO: UR DEPARTMENT
SILVER CARE CENTER
1417 BRACE ROAD
CHERRY HILL NJ 08034-3524

04/10/2013

Member Name: EULATA WALLS
Admission Date: 03/27/2013
Date of Birth: 06/14/1959
Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Milliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_main.html), to support these coverage decisions.

Coverage Decision For:
04/10/2013-04/16/2013 7 Day(s) Skilled Nursing
Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approval:
The next review date for this confinement will be 04/17/2013.

Summary of Covered Hospital Days:
Admission Date: 03/27/2013
Previous Days Covered: 14
Additional Days Covered: 7
Total Days Covered: 21

Summary of Covered Services:
Previous Services Covered: 1
Total Services Covered: 1

SILVER CARE CENTER BLBNAAS95162
Page 1 of 2

04/02/2014 12:08

(FAX) 9737797062

P.023/047

Walls, Eulata (72765) Medicare Document: 2 Page 1 of 1 Soan: 05/13/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Soan

SILVER CARE CENTER		1417 BRACE ROAD		CHERRY HILL, NJ 080343524		9999999999		03681NC900030990		00030890000000000214	
WALLS, EULATA		CHERRY HILL		1417 BRACE RD		NJ 08034		20-8719892040113		041313	
06141959 F		032713003		4 00 02		70 032013		032713			
WALLS, EULATA		1417 BRACE RD		CHERRY HILL, NJ 08034							
0194		SUBACUTE/LEVEL IV		850.00		040113		12		10200.00	
0001		PAGE 1 OF 1		CREATION DATE		043013		TOTALS		10200.00	
ARTNA		60054		Y Y		10200.00		OTHER		1386861276	
WALLS, EULATA		18 W196745366		ARTNA							
13966367											
2859											
2859											
1467438259		10226037		SCHWARTZ		ANDREW					
ARTNA		B33140000000									

04/02/2014 12:09

(FAX) 9737797062

P.025/047

SUMMONS

Attorney(s) Richard J. Kozel, Esq. #027991977
 Office Address 1200 Route 46 West, Suite 130
 Town, State, Zip Code Clifton, New Jersey 07013
 Telephone Number (973) 778-9800
 Attorney(s) for Plaintiff _____
 Future Care Consultants, L.L.C. as fiscal agent for
Silver Care Center
 Plaintiff(s)

Vs.

Aetna Life Insurance Company, Wal-Mart Stores, Inc. d/b/a
Walmart
 Defendant(s)

**Superior Court of
New Jersey**

CAMDEN ☒ COUNTY

LAW DIVISION

Docket No: CAM-L-002935-13

**CIVIL ACTION
SUMMONS**

From The State of New Jersey To The Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at http://www.judiciary.state.nj.us/prose/10153_deptyclerklawref.pdf.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$135.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at http://www.judiciary.state.nj.us/prose/10153_deptyclerklawref.pdf.

S/ Michelle M. Smith
 Clerk of the Superior Court

DATED: 04/01/2014Name of Defendant to Be Served: Wal-mart Stores, Inc. d/b/a Walmart




Address of Defendant to Be Served: The Administrative Committee - Associates' Health & Welfare Plan
508 SW 18th Street, Bentonville, AR 72716-3500

04/02/2014 12:10

(FAX) 973 779 7062

P.026/047

Appendix XII-B1

	CIVIL CASE INFORMATION STATEMENT (CIS) Use for initial Law Division Civil Part pleadings (not motions) under <i>Rule 4:5-1</i> Pleading will be rejected for filing, under <i>Rule 1:5-6(c)</i>, If information above the black bar is not completed or attorney's signature is not affixed		FOR USE BY CLERK'S OFFICE ONLY PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA CHG/CK NO. AMOUNT: OVERPAYMENT: BATCH NUMBER:	
	ATTORNEY / PRO SE NAME Richard J. Kozel, Esq. #027991977		TELEPHONE NUMBER (973) 778-9800	
	FIRM NAME (if applicable)		COUNTY OF VENUE Camden 	
	OFFICE ADDRESS 1200 Route 46 West, Suite 130 Clifton, New Jersey 07013		DOCKET NUMBER (when available) CAM-L-002935-13	
			DOCUMENT TYPE Amended Complaint	
NAME OF PARTY (e.g., John Doe, Plaintiff) Future Care Consultants, L.L.C., as fiscal agent for Silver Care Center, Plaintiff		CAPTION Future Care Consultants, L.L.C. as fiscal agent for Silver Care Center v. Aetna Life Insurance Company and Wal-mart Stores, Inc. d/b/a Walmart		
CASE TYPE NUMBER (See reverse side for listing) 502	HURRICANE SANDY RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53 A -27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.		
RELATED CASES PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, LIST DOCKET NUMBERS		
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY (if known) <input type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN		
THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.				
CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION				
DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, IS THAT RELATIONSHIP: <input type="checkbox"/> EMPLOYER/EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FAMILIAL <input checked="" type="checkbox"/> BUSINESS		
DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION				
 DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION		
WILL AN INTERPRETER BE NEEDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, FOR WHAT LANGUAGE?		
I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with <i>Rule 1:38-7(b)</i> .				
ATTORNEY SIGNATURE:				

04/02/2014 12:10

(FAX)9737797062

P.0271047

Side 2



CIVIL CASE INFORMATION STATEMENT (CIS)

Use for initial pleadings (not motions) under Rule 4:6-1

CASE TYPES (Choose one and enter number of case type in appropriate space on the reverse side.)

Track I - 180 days' discovery

- 151 NAME CHANGE
- 175 FORFEITURE
- 302 TENANCY
- 389 REAL PROPERTY (other than Tenancy, Contract, Condemnation, Complex Commercial or Construction)
- 502 BOOK ACCOUNT (debt collection matters only)
- 505 OTHER INSURANCE CLAIM (including declaratory judgment actions)
- 508 PIP COVERAGE
- 610 UM or UIM CLAIM (coverage issues only)
- 611 ACTION ON NEGOTIABLE INSTRUMENT
- 612 LEMON LAW
- 801 SUMMARY ACTION
- 802 OPEN PUBLIC RECORDS ACT (summary action)
- 999 OTHER (briefly describe nature of action)

Track II - 300 days' discovery

- 305 CONSTRUCTION
- 509 EMPLOYMENT (other than CEPA or LAD)
- 599 CONTRACT/COMMERCIAL TRANSACTION
- 603N AUTO NEGLIGENCE - PERSONAL INJURY (non-verbal threshold)
- 603Y AUTO NEGLIGENCE - PERSONAL INJURY (verbal threshold)
- 605 PERSONAL INJURY
- 610 AUTO NEGLIGENCE - PROPERTY DAMAGE
- 621 UM or UIM CLAIM (includes bodily injury)
- 699 TORT - OTHER

Track III - 450 days' discovery

- 005 CIVIL RIGHTS
- 301 CONDEMNATION
- 602 ASSAULT AND BATTERY
- 604 MEDICAL MALPRACTICE
- 606 PRODUCT LIABILITY
- 607 PROFESSIONAL MALPRACTICE
- 608 TOXIC TORT
- 609 DEFAMATION
- 616 WHISTLEBLOWER / CONSCIENTIOUS EMPLOYEE PROTECTION ACT (CEPA) CASES
- 617 INVERSE CONDEMNATION
- 618 LAW AGAINST DISCRIMINATION (LAD) CASES

Track IV - Active Case Management by Individual Judge / 450 days' discovery

- 156 ENVIRONMENTAL/ENVIRONMENTAL COVERAGE LITIGATION
- 303 MT. LAUREL
- 508 COMPLEX COMMERCIAL
- 513 COMPLEX CONSTRUCTION
- 514 INSURANCE FRAUD
- 620 FALSE CLAIMS ACT
- 701 ACTIONS IN LIEU OF PREROGATIVE WRITS

Multicounty Litigation (Track IV)

- | | |
|--|---|
| <ul style="list-style-type: none"> 266 HORMONE REPLACEMENT THERAPY (HRT) 271 ACCUTANE/ISOTRETINOIN 274 RISPERDAL/SEROQUEL/ZYPREXA 278 ZOMETHA/AREXIA 279 GADOLINIUM 281 BRISTOL-MYERS SQUIBB ENVIRONMENTAL 282 FOSAMAX 284 NUVARING 286 STRYKER TRIDENT HIP IMPLANTS 288 LEVAQUIN 287 YAZ/YASMIN/OCELLA | <ul style="list-style-type: none"> 288 PRUDENTIAL TORT LITIGATION 289 REGLAN 290 POMPTON LAKES ENVIRONMENTAL LITIGATION 291 PELVIC MESH/GYNECARE 292 PELVIC MESH/BARD 293 DEPUY ASR HIP IMPLANT LITIGATION 295 ALLODERM REGENERATIVE TISSUE MATRIX 296 STRYKER REJUVENATE/ABG II MODULAR HIP STEM COMPONENTS 297 MIRENA CONTRACEPTIVE DEVICE 601 ASBESTOS 623 PROPECIA |
|--|---|

If you believe this case requires a track other than that provided above, please indicate the reason on Side 1, in the space under "Case Characteristics."

Please check off each applicable category ☐ Putative Class Action ☐ Title 59

04/02/2014 12:10

(FAX) 973-779-7062

P.028/047

Our File No.: 2912EW

Richard J. Kozel, Esq. #027991977
1200 Route 48 West
Clifton, New Jersey 07013
Tel. (973) 778-9800
Fax (973) 779-7062
Attorney for Plaintiff

Plaintiff(s)

FUTURE CARE CONSULTANTS,
L.L.C. as fiscal agent for SILVER
CARE CENTER

-vs-

Defendant(s)

AETNA LIFE INSURANCE COMPANY
WAL-MART STORES, INC. d/b/a
WALMART

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: CAMDEN COUNTY

DOCKET NO.: CAM-L-002935-13
Civil Action

AMENDED
COMPLAINT, CERTIFICATION and
CIVIL CASE INFORMATION STATEMENT

Plaintiff, Future Care Consultants, L.L.C. being located at 170 53rd Street in Brooklyn,
New York by way of Amended Complaint states:

FIRST COUNT

1. At all times hereinafter mentioned plaintiff is the duly designated fiscal agent for the Silver Care Center and is located at 170 53rd Street in Brooklyn, New York.
2. At all times hereinafter mentioned the Silver Care Center is a duly licensed health care facility of the State of New Jersey and is located at 1417 Brace Road in the Township of Cherry Hill, County of Camden, and State of New Jersey.
3. At all times hereinafter mentioned defendant is a duly licensed health insurance provider authorized to do business in New Jersey and is located at 151 Farmington Avenue in Hartford, Connecticut 06101.
4. On March 27, 2013 Eulata Walls was employed by Walmart and insured by the defendant under membership I.d. number: W195745366 and employer account number:

04/02/2014 12:10

(FAX)8737797062

P.029/047

895530-10-101.

5. The Silver Care Center was an authorized provider of services for the defendant and had access to the policy registration list maintained by the defendant.

6. As required by the terms of the policy, plaintiff obtained three (3) separate authorizations from defendant dated March 26, 2013, April 2, 2013 and April 10, 2013 pre-authorizing twenty one (21) days of inpatient skilled nursing care for Eulata Walls. Copies of these authorizations are attached hereto as Exhibit "A".

7. The Silver Care Center relied on these authorizations to accept Eulata Walls as a patient commencing March 27, 2013.

8. At the specific instance and request of Eulata Walls, the Silver Care Center duly rendered all necessary and required medical care and treatment to her which was accepted without protest.

9. Thereafter, plaintiff duly submitted its bills for the necessary and pre-authorized medical care and treatment of Eulata Walls to the defendant.

10. Defendant then advised plaintiff that after all treatment was received and completed, that Walmart had cancelled the underlying policy and retroactively disenrolled Eulata Walls.

11. Despite having pre-authorized twenty one (21) days of skilled nursing care and treatment which was duly provided by the Silver Care Center, defendant is now failed and refused to pay plaintiff's bill for the necessary medical services rendered.

12. Plaintiff is now owed the sum of \$16,000.00 for the pre-authorized and necessary medical care and treatment rendered to Eulata Walls. A copy of the billing invoice is attached hereto as Exhibit "B".

13. Defendant is not entitled to any further credits or set offs as against the amount due plaintiff.

14. Plaintiff has demanded that defendant pay to it the sum of \$16,000.00 but, to date,

04/02/2014 12:10

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P.030/047

defendant has failed and refused to do so.

WHEREFORE, plaintiff demands judgment against the defendant for:

- A. \$16,000.00 together with lawful interest.
- B. Costs of suit and filing fees.
- C. Such other and further relief as may be just.

SECOND COUNT

1. Plaintiff repeats and re-alleges the allegations contained in the First Count of this Amended Complaint as though set forth in full hereunder.
2. At all times hereinafter mentioned Wal-Mart Stores, Inc., d/b/a Walmart is authorized to do business in the State of New Jersey.
3. At all times hereinafter mentioned defendant, Wal-Mart Stores, Inc., d/b/a Walmart, employed Eulata Walls and made its health benefits plan available to her under membership id number W195745366 and employee account number 895530-10-101.
4. The Silver Care Center obtained pre-authorization for treatment for Eulata Walls in accordance with the allegations contained in the First Count of this Amended Complaint.
5. At no time was plaintiff ever informed by either defendant that Walmart maintained a self funded health insurance plan. All authorizations for treatment and all payments were provided directly from defendant, Aetna Life Insurance Company, to the Silver Care Center.
6. The Silver Care Center relied upon the pre-authorized approvals issued by defendant, Aetna Life Insurance Company to rendered all necessary and required medical care and treatment to Eulata Walls, which was accepted without protest.
7. The Silver Care Center was thereafter advised that Eulata Walls was retroactively disenrolled from coverage and that a refund of all payments was to be taken back.
8. The Silver Care Center was a third party beneficiary of the coverage issued to Eulata Walls and was entitled to fully rely upon the pre-authorization letters issued. Defendant, Wal-Mart Stores, Inc., d/b/a Walmart, knew or should have known that the Silver Care Center was

04/02/2014 12:11

(FAX)9737797062

P.031/047

relying on the issued pre-authorizations for treatment to its detriment.

9. By the time the Silver Care Center was advised of the dis-enrollment, all necessary medical care and treatment had been rendered to Eulata Walls in accordance with the pre-authorizations.

10. The Silver Care Center is now due the sum of \$16,000.00 for the necessary care and treatment rendered to Eulata Walls.


11. Defendants are not entitled to any further credits or set offs as against the amount due plaintiff.

12. Plaintiff has demanded that defendants pay to it the sum of \$16,000.00 but, to date, defendants have failed and refused to do so.

WHEREFORE, plaintiff demands judgment against the defendants, both individually and jointly, for:

- A. \$16,000.00 together with lawful interest.
- B. Costs of suit and filing fees.
- C. Such other and further relief as may be just.

Dated: April 1, 2014

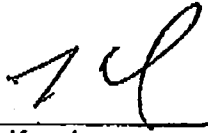


Richard J. Kozel,
Attorney for Plaintiff

1. This matter is not the subject of any other lawsuit or arbitration proceeding, nor is one contemplated.

2. There are no other parties to be joined in this action unless same are disclosed through subsequent discovery.

Dated: April 1, 2014



Richard J. Kozel,
Attorney for Plaintiff

• 04/02/2014 12:11

(FAX)9737797062

P.032/047

CERTIFICATION PURSUANT TO RULE 1:38-7(b)

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).

Dated: April 1, 2014



Richard J. Kozel,
Attorney for Plaintiff

04/02/2014 12:11

(FAX) 9737797062

P.033/047

EXHIBIT "A"

04/02/2014 12:11

(FAX)8737797062

P.034/047

Walls, Eulata (72785) Medicare Document: 8 Page 1 of 1 Scan: 08/20/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

aetna

Aetna Life Insurance Company
 P.O. Box 220
 Elm Hill, PA 19422
 *000014*TRUCKING*01546*

 *****AUTO**SCH 3-DIGIT 0A0
 1328 1 AT 0.884
 ATTENTION TO: UR DEPARTMENT
 SILVER CARE CENTER
 1417 BRACE ROAD
 CHERRY HILL NJ 08034-3524

03/26/2013

Member Name: EULATA WALLS
 Admission Date:
 Date of Birth: 06/14/1959
 Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
 Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Millman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_main.html), to support these coverage decisions.

Coverage Decision For:
 03/26/2013-03/26/2013 A0429 AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)
 1 Time(s)

Coverage for this service has been approved subject to the requirements in this letter.

Coverage Decision For:
 03/26/2013-04/01/2013 7 Day(s) Skilled Nursing
 Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:
 The next review date for this confinement will be 04/02/2013.

Summary of Covered Hospital Days:
 Admission Date:
 Previous Days Covered: 0
 Additional Days Covered: 7
 Total Days Covered: 7

Summary of Covered Services:
 Previous Services Covered: 0
 Total Services Covered: 1

SILVER CARE CENTER, BL0NAA595162
 Page 1 of 2

04/02/2014 12:11

(FAX)9737797062

P.035/047

Walls, Eulata (72785) Medicare Document: 8 Page 1 of 1 Scan: 05/13/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

aetna

Aetna Life Insurance Company
 1425 Union Deposit Road
 P.O. Box 210
 Spring Hill, PA 17172
 000711~NYCXTFR~013668

 *****AUTO**SCH 3-DIGIT 880
 2478 1 AT 0-364
SILVER CARE CENTER
1417 BRACE ROAD
CHERRY HILL NJ 08034-3524

03/28/2013

Member Name: EULATA WALLS
 Admission Date: 03/27/2013
 Date of Birth: 06/14/1959
 Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
 Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Milliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_main.html), to support these coverage decisions.

Coverage Decision For:
 03/27/2013-03/27/2013 A0428 AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)
 1 Time(s)

Coverage for this service has been approved subject to the requirements in this letter.

Coverage Decision For:
 03/27/2013-04/02/2013 7 Day(s) Skilled Nursing
 Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed in this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:
 The next review date for this confinement will be 04/03/2013.

Summary of Covered Hospital Days:
 Admission Date: 03/27/2013
 Previous Days Covered: 7
 Additional Days Covered: 0
 Total Days Covered: 7

Summary of Covered Services:
 Previous Services Covered: 1
 Total Services Covered: 1

SILVER CARE CENTER, BLBNAA595162
 Page 1 of 2

04/02/2014 12:11

(FAX)9737797062

P.036/047

Walls, Eulata (72785) Medicare Document 6 Page 1 of 1 Scan: 05/30/2013 Print: 07/12/2013 CHAVY K. SILVER Printed from MedFORCE Scan

aetna

Aetna Life Insurance Company
1625 Union Deposit Road
P.O. Box 220
Blue Bell, PA 19422
000027-3110007797062

*****AUTO**SCH 3-DIGIT 080

ATTENTION TO: UR DEPARTMENT
SILVER CARE CENTER
1417 BRACE ROAD
CHERRY HILL NJ 08034-3524

04/02/2013

Member Name: EULATA WALLS
Admission Date: 03/27/2013
Date of Birth: 06/14/1959
Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Miliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_mainu.html), to support these coverage decisions.

Coverage Decision For:

04/03/2013-04/09/2013 7 Day(s) Skilled Nursing

Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:

The next review date for this confinement will be 04/10/2013.

Summary of Covered Hospital Days:

Admission Date:	03/27/2013
Previous Days Covered:	7
Additional Days Covered:	7
Total Days Covered:	14

Summary of Covered Services:

Previous Services Covered:	1
Total Services Covered:	1

SILVER CARE CENTER, BLNAA595162

Page 1 of 2

04/02/2014 12:11

(FAX)9737797062

P.037/047

Walls, Eulata (72785) Medicare Document: 7 Page: 1 of 1 Scan: 05/30/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

aetna

Aetna Life Insurance Company
1633 Union Deposit Road
P.O. Box 220
Blue Bell, PA 19062
*000142*VIVCCTH2*014890*

*****ALTO**SCH 3-516IT 080
9825 1 AT 0.884
ATTENTION TO: UR DEPARTMENT
SILVER CARE CENTER
1417 BRACE ROAD
CHERRY HILL NJ 08034-3524

04/10/2013

Member Name: EULATA WALLS
Admission Date: 03/27/2013
Date of Birth: 06/14/1959
Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Milliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cph/epb_main.html), to support these coverage decisions.

Coverage Decision For:

04/10/2013-04/16/2013 7 Day(s) Skilled Nursing

Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:

The next review date for this confinement will be 04/17/2013.

Summary of Covered Hospital Days:

Admission Date: 03/27/2013
Previous Days Covered: 14
Additional Days Covered: 7
Total Days Covered: 21

Summary of Covered Services:

Previous Services Covered: 1
Total Services Covered: 1

SILVER CARE CENTER, BLBNAA595162
Page 1 of 2

04/02/2014 12:12

(FAX)9737797062

P.038/047

EXHIBIT "B"

04/02/2014 12:12

(FAX)9737797062

P.039/047

Wells, Eulata (72765) Medicare Document: 1 Page 1 of 1 Scan: 05/08/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

SILVER CARE CENTER		03681NCE00030960	
1417 BRACE ROAD		0212	
CHERRY HILL, NJ 080343524		20-8719892 032713 1033113	
9999999999		1417 BRACE RD	
WALLS, EULATA		CHERRY HILL, NJ 08034	
06141959	F	032713	00 3 4 30
70 032013 032713			
WALLS, EULATA		80 500	
1417 BRACE RD			
CHERRY HILL, NJ 08034			
0194	SUBACUTE/LEVEL IV	850.00	032713 5 4250:00
0001 PAGE 1 OF 1 CREATION DATE 040413 TOTALS 4250:00 0:00			
AETNA		60054	Y Y 4250:00 1386861276
WALLS, EULATA		18	W196745366 AETNA
13966367			
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1467438259		1026037	
LAST SCHWARTZ		FIRST ANDREW	
LAST		FIRST	
LAST		FIRST	
LAST		FIRST	
LAST		FIRST	
LAST		FIRST	

Wells, Eulata

APPROVED DATE 05/08/2013

NCE00030960

THE INFORMATION ON THIS REMITANCE APPLY TO THE BILL AND ARE MADE A PART THEREOF

04/02/2014 12:13

(FAX)9737797062

P.041/047

Walls, Eulata (72765) Medicare Document: 8 Page 1 of 1 Scan: 06/20/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

aetna

Aetna Life Insurance Company

P.O. Box 220
Blue Bell, PA 19422

*000014*J1V047712*01040P*

 1923 1 AT 0.384
 ATTENTION TO: UR DEPARTMENT
 SILVER CARE CENTER
 1417 BRACE ROAD
 CHERRY HILL NJ 08034-3524

03/26/2013

Member Name: EULATA WALLS
 Admission Date:
 Date of Birth: 06/14/1959
 Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
 Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Milman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_menu.html), to support these coverage decisions.

Coverage Decision For:
 03/26/2013-03/26/2013 A0428 AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)
 1 Time(s)

Coverage for this service has been approved subject to the requirements in this letter.

Coverage Decision For:
 03/26/2013-04/01/2013 7 Day(s) Skilled Nursing
 Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:
 The next review date for this confinement will be 04/02/2013.

Summary of Covered Hospital Days:
 Admission Date:
 Previous Days Covered: 0
 Additional Days Covered: 7
 Total Days Covered: 7

Summary of Covered Services:
 Previous Services Covered: 0
 Total Services Covered: 1

SILVER CARE CENTER, BLBNAA595162
 Page 1 of 2

Page 1 of 2

04/02/2014 12:13

(FAX)9737797062

P.043/047

Walls, Eulata (72766) Medicare Document: 8 Page 1 of 1 Scan: 05/30/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

aetnaAetna Life Insurance Company
1625 Union Deposit Road
P.O. Box 210
Blue Bell, PA 19422

00002731(V0XTRF2-01500)

*****AUTO**SCH 3-DXEXT 080
3948 1 AT 0.384ATTENTION TO: UR DEPARTMENT
SILVER CARE CENTER
1417 BRACE ROAD
CHERRY HILL, NJ 08034-3524

04/02/2013

Member Name: EULATA WALLS
 Admission Date: 03/27/2013
 Date of Birth: 06/14/1959
 Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
 Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Milliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_main.html), to support these coverage decisions.

Coverage Decision For:

04/03/2013-04/09/2013 7 Day(s) Skilled Nursing

Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:

The next review date for this confinement will be 04/10/2013.

Summary of Covered Hospital Days:

Admission Date: 03/27/2013
 Previous Days Covered: 7
 Additional Days Covered: 7
 Total Days Covered: 14

Summary of Covered Services:

Previous Services Covered: 1
 Total Services Covered: 1

SILVER CARE CENTER, BLNAAJ95162

Page 1 of 2

04/02/2014 12:14

(FAX)9737797052

P.044/047

Walls, Eulata (2765) Medicare Document: 7 Page 1 of 1 Scan: 08/30/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

aetna

Aetna Life Insurance Company
 145 Inverness Parkway
 P.O. Box 220
 Blue Bell, PA 19422
 *000142*JIV000780014980*

 *****AUTO**SCH 3-DIGIT 080
 7821 1 AT 0.389
 ATTENTION TO: UR DEPARTMENT
 SILVER CARE CENTER
 1417 BRACE ROAD
 CHERRY HILL NJ 08034-3524

04/10/2013

Member Name: EULATA WALLS
 Admission Date: 03/27/2013
 Date of Birth: 06/14/1959
 Reference Number: 1396-6367-0000-0000

Employer Name: WALMART
 Employer Account Number: 895530-10-101

After review, Aetna has made a decision about coverage for the following health care services for the member named above.

Aetna uses nationally recognized clinical guidelines and resources, such as *Milliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/cpb_main.html), to support these coverage decisions.

Coverage Decision For:
 04/10/2013-04/16/2013 7 Day(s) Skilled Nursing
 Coverage for this service has been approved subject to the requirements in this letter.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Approvals:
 The next review date for this confinement will be 04/17/2013.

Summary of Covered Hospital Days:
 Admission Date: 03/27/2013
 Previous Days Covered: 14
 Additional Days Covered: 7
 Total Days Covered: 21

Summary of Covered Services:
 Previous Services Covered: 1
 Total Services Covered: 1

SILVER CARE CENTER, BLBNAA595162
 Page 1 of 2

P.045/047

SILVER CARE CENTER		1417 BRACE ROAD		CHERRY HILL, NJ 08034		D3581NCS00030950		0212	
9099999999		20-8719892		032713		033713			
WALLS, EULATA		1417 BRACE RD		NJ 08034					
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WALLS, EULATA		1417 BRACE RD		CHERRY HILL, NJ 08034					
80		5100							

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04/02/2014 12:15

(FAX)9737797062

P.0471047

Walls, Eulata (72766) Medicare Document: 3 Page 1 of 1 Scan: 06/13/2013 Print: 07/12/2013 CHAVY K SILVER Printed from MedFORCE Scan

SILVER CARE CENTER		1417 BRACE ROAD		CHERRY HILL, NJ 08034		9999999999		03681NGB00031300		0211	
WALLS, EULATA		CHERRY HILL		1417 BRACE RD		NJ 08034		20-8719892		041413 041713	
06141959		F		041413		00 3		4		00 01	
WALLS, EULATA		1417 BRACE RD		CHERRY HILL, NJ 08034							
0194		SUBACUTE/LEVEL IV		850.00		041413		3		2550.00	
0001		PAGE 1 OF 1		ORINATION DATE		043013		2550.00		0.00	
ABTNA		60054		Y		Y		2550.00		1386861276	
WALLS, EULATA		16 W196745366		ABTNA							
33865667											
2859											
2859											
1467438269											
SCHWARTZ											
ANDREW											
ABTNA											
133314000000											

LAW 100-100

APPROVED DATE 06/13/2013

NIBO 100-100

THE OPERATIONS ON THE MESSAGE APPLIED TO THE BILL AND MADE A COPY RECORD